

KANSAS STATE BOARD OF PHARMACY  
LONDON STATE OFFICE BUILDING  
900 SW JACKON ROOM 513  
TOPEKA KS 66612  
(785) 296-4056  
FAX (785) 296-8420

FEE \$ 30.00

FOR OFFICE USE ONLY

REG NO. \_\_\_\_\_

DATE \_\_\_\_\_

APPLICATION FOR **SAMPLE** DRUG DISTRIBUTION REGISTRATION

The owner hereby makes application as follows:

NAME OF OWNER

ADDRESS OF OWNER

CITY STATE ZIP TELEPHONE

Type of ownership is: \_\_\_\_\_Individual \_\_\_\_\_Partnership \_\_\_\_\_Corporation \_\_\_\_\_Other

**IF PARTNERSHIP**, attach additional listing of names and percentage of ownership.

**IF CORPORATION**, attach additional listing of officers and owners of stock

**IF OTHER**, attach additional sheet indicating the type of ownership.

The owner makes application for registration to distribute sample drugs in the State of Kansas under the name of and at the location as follows:

NAME OF DISTRIBUTOR

PHYSICAL ADDRESS OF DISTRIBUTOR

CITY STATE ZIP COUNTY

NAMES OF DRUGS BEING SAMPLE DISTRIBUTED

MAILING ADDRESS IF DIFFERENT THAN PHYSICAL LOCATION FOR RENEWAL INFORMATION

CITY STATE ZIP TELEPHONE NUMBER

The owner names the following person as the contact agent/authorized representative to do business with the State of Kansas on the owner's behalf:

NAME OF CONTACT AGENT/AUTHORIZED REPRESENTATIVE

ADDRESS OF CONTACT AGENT/AUTHORIZED REPRESENTATIVE

CITY STATE ZIP COUNTY

This application is being made for the following reason: (Check all that apply) Effective Date \_\_\_\_\_

\_\_\_\_\_Original \_\_\_\_\_Change of Address \_\_\_\_\_Change of ownership \_\_\_\_\_Change of business name

OWNER/CORPORATE PORTION

I, \_\_\_\_\_, solemnly swear (or affirm) that the statements and representations made in the foregoing application and all attachments are true and correct to the best of my knowledge and understands that this registration, if issued, will expire ANNUALLY on the 30th day of June and such registration will be cancelled if not renewed ANNUALLY by the 31<sup>st</sup> day of July.

\_\_\_\_\_  
SIGNATURE OF OWNER/OFFICER

Signed and sworn to (or affirmed) before me on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Seal)

My commission expires \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
AUTHORIZED AGENT PORTION

I, \_\_\_\_\_, solemnly swear (or affirm) that the statements and representations made in the foregoing application and all statements are true and correct to the best of my knowledge and understands that this registration, if issued, will expire ANNUALLY on the 30<sup>th</sup> day of June and such registration will be cancelled if not renewed ANNUALLY by the 31<sup>st</sup> day of July.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED AGENT

Signed and sworn to (or affirmed) before me on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Seal)

My commission expires \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

THIS APPLICATION REQUIRES TWO NOTARIZED SIGNATURES. IF THIS APPLICATION DOES NOT HAVE TWO NOTARIZED SIGNATURES IT WILL DELAY THE PROCESSING OF THE APPLICATION. BOTH THE OWNER/COROPRATE AND CONTACT PERSON/AUTHORIZED REPRESENTATIVE PORTIONS MUST BE SIGNED AND NOTARIZED EVEN IF IT IS THE SAME PERSON.